## Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

ΑI	or the	2022 calenda	ar year, or tax year beginning	01/01/2022	and ending	12	/31/2022		
В	Check if ap	oplicable:	C Name of organization			D Emp	loyer identif	ication number	
	Address c	hange	UPPER FELLS POINT IMPROVEMENT AS	SSOCIATION INC			52-19	945861	
Ц	Name cha	ange	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suit	e <b>E</b> Telep	phone numbe	er	
=	Initial return  PO Box 38315  City or ways state or president and All Post foreign postel and a second state of the second sta					202-375-8393			
=	Amended		City or town, state or province, country, and ZIP	or foreign postal code		F Gro	up Exempti	ion	
=		n pending	Baltimore, MD 21231			Nun	nber		
G	Account	ting Method:	☐ Cash			H Check	if the ord	ganization is <b>not</b>	
			erfellspoint.org				_	Schedule B	
			ck only one) – 🔽 501(c)(3) 🗌 501(c) (	) (insert no.)	'(a)(1) or 527	(Form 9	90).		
_					Other:				
		•	7b to line 9 to determine gross receipts. If g			otal assets			
(Pa	rt II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of F	orm 990-EZ			. \$	19,663	
Р	art I	Revenu	e, Expenses, and Changes in Net						
		Check if	the organization used Schedule O to	respond to any que	estion in this Pa	rtI		<b>.</b>	
	1		ns, gifts, grants, and similar amounts re				1	13,194	
	2		ervice revenue including government fe				2	6,469	
	3	-	p dues and assessments				3	0	
	4	Investment	•				4	0	
	5a		unt from sale of assets other than inver	ntorv	5a	0			
	b		or other basis and sales expenses	•	5b	0			
	С		ss) from sale of assets other than invent		from line 5a) .		5c	0	
	6		d fundraising events:	, (	,			<u>-</u> _	
ne	а	Gross inc	ome from gaming (attach Schedule	G if greater than					
		\$15,000) .			6a	0			
Revenue	b	Gross inco	me from fundraising events (not includi	ng \$	0 of contrib	utions			
è			aising events reported on line 1) (attac						
_			h gross income and contributions exce		6b	0			
	С	Less: direc	t expenses from gaming and fundraisin	ig events	6c	0			
	d	Net incom	e or (loss) from gaming and fundraising	ig events (add lines	6a and 6b and	subtract			
		line 6c) .					6d	0	
	7a	Gross sale	s of inventory, less returns and allowan	ces	7a	0			
	b	Less: cost	of goods sold		7b	0			
	С	Gross prof	t or (loss) from sales of inventory (subtr	ract line 7b from line	7a)		7c	0	
	8	Other reve	nue (describe in Schedule O)				8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and				9	19,663	
	10		similar amounts paid (list in Schedule				10	0	
	11	Benefits pa	id to or for members	·			11	0	
S	12	Salaries, o	her compensation, and employee bene	efits			12	0	
nse	13		al fees and other payments to independ				13	0	
Expenses	14		rent, utilities, and maintenance				14	0	
Ж	15		ublications, postage, and shipping				15	3,075	
	16		nses (describe in Schedule O)				16	9,216	
	17	Total expe	nses. Add lines 10 through 16				17	12,291	
"	18	Excess or	deficit) for the year (subtract line 17 fro	m line 9)			18	7,372	
iets	19		or fund balances at beginning of yea					- 1,572	
Ass			r figure reported on prior year's return)				19	15,467	
Net Assets	20	Other char	ges in net assets or fund balances (exp				20	0	
Ž	21		or fund balances at end of year. Comb				21	22,839	

Form 990-EZ (2022) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . . . (A) Beginning of year (B) End of year 15,467 22 22 Cash, savings, and investments . . . . 22,839 0 23 23 0 Other assets (describe in Schedule O) . . \_ . . . . . 24 0 24 0 15,467 25 25 22.839 Total liabilities (describe in Schedule O) . . . 26 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 15,467 27 22.839 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? **Community Organization** 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Media / Newsletter (See Schedule O) 0) If this amount includes foreign grants, check here 28a (Grants \$ 3,075 Traffic and Parking (See Schedule O) 29a (Grants \$ 0) If this amount includes foreign grants, check here . 2,577 Community Garden (See Schedule O) 0) If this amount includes foreign grants, check here 30a 1,581 31 Other program services (describe in Schedule O) See.Schedule O, Statement 1. . . . . . . . . . . 0) If this amount includes foreign grants, check here . . . . . 5,058 12,291 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV . . . . . . . . (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Bill Miltenberger 4.00 0 0 0 **President** 0 Wendy Bozel 2.00 0 n Vice President Lynnie Moad 2.00 0 0 0 Secretary Marla Hallacy 2.00 0 0 0 Treasurer Erik Franklin 1.50 0 0 0 Parliamentarian

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>/</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<b>&gt;</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>&gt;</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<b>~</b>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		•/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
Ч	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed:			
42a	The organization's books are in care of: Marla Hallacy Telephone no. 2	202-37	5-8393	3
	Located at: DO Pay 20215 Paltimore MD 21221 0215	21221	-8315	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		>
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		/
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>/</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		٧
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	AEL.		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

-orm 990	U-EZ (20	J22)								Page •
									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c								~
Part \		Section 501(c)(3) Organizations						.0	-	1 •
		All section 501(c)(3) organizations		stions 47–49b ar	nd 52, and	d com	plete th	e tables	for lin	nes
		50 and 51.	•		,		•			
		Check if the organization used Sch	nedule O to respond	to any question i	n this Parl	: VI				. $\square$
		<u> </u>	<u>'</u>	, ,					Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec				tax . 47		./
	-	organization a school as described in						. 48		1
		ne organization make any transfers to								1
		s," was the related organization a se						. 49k		+
		blete this table for the organization's								nd ke
		byees) who each received more than								
	ompic	system with sacrificative mere than	Ψ100,000 01 0011Ipol	(c) Reportable		lealth be			140110.	
	(a)	Name and title of each employee	(b) Average hours per week	compensation			employee	(e) Estima	ted amo	ount of
	(u)	Name and this of sacrific proyect	devoted to position	(Forms W-2/1099-MIS			nd deferred	other co	mpensa	ation
			·	1099-NEC)		mpensa	ation			
None										
51	Comp \$100,	number of other employees paid over plete this table for the organization's 000 of compensation from the organ	s five highest compenization. If there is no	ensated independene, enter "None."		_ ctors v				e thai
	(a)	Name and business address of each independent	ent contractor	<b>(b)</b> Type of	service		(c)	Compensa	tion	
None										
						+				
						+				
	T-1-1			#100 000						
		number of other independent contra	=		· . —					
		he organization complete Schedu leted Schedule A			_					NI.
								· 🕑 Ye		No
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than						nowledge ar	nd belief	f, it is
40, 0011	. 551, 611	2 33pioto. 2001aration of preparet (other than	ooor, to based on all fillo	auon or willon prepa	. Si rias arry Ki	ug	,			
Cia-		Cianature of officer								
Sign ⊔oro		Signature of officer				Date				
Here		Marla Hallacy, Treasurer								
		Type or print name and title	Proparar's signature		Date			DTIM		
Paid		Print/Type preparer's name	Preparer's signature		Date		Check			
Prepa	arer					$\overline{}$	self-emplo	yea		
Use (	Only	Firm's name				Firm's				
\ / = \ . ± !	- 100	Firm's address	-h			Phone	e no.		_	NI.
iviay th	e IKS	discuss this return with the preparer	snown above? See I	nstructions				.   Ye	S I	No

#### **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization					Employer identification	number
UPPER FELLS POINT IMPROVEMENT AS					52-19	
Part I Reason for Public Cha	· · · · · · · · · · · · · · · · · · ·					ons.
The organization is not a private found		,		-	•	
1 A church, convention of church					U(D)(1)(A)(I).	
<ul><li>2  A school described in section</li><li>3  A hospital or a cooperative ho</li></ul>			-	-	I\/A\/;;;\	
4 A medical research organizati						(iii) Enter the
hospital's name, city, and state	•	onjunotion with a noof	ortal acco	nbod in <b>c</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inj. Littor trio
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 A federal, state, or local gover	nment or govern	mental unit described	l in <b>sectio</b>	on 170(b)	(1)(A)(v).	
7 An organization that normally described in section 170(b)(1			port from	a gover	nmental unit or from	1 the general public
8 A community trust described	in <b>section 170(b</b> )	<b>(1)(A)(vi)</b> . (Complete	Part II.)			
9 An agricultural research organ						
or university or a non-land-gra university:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
	receives (1) more	e than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	it income and un	related business taxal	bie incom	ie (iess se	ection 511 tax) from	33 <sup>1</sup> / <sub>3</sub> % of its businesses
11 An organization organized and		•	, , ,	•	,	
12 An organization organized and	•	,	•		` '` '	out the purposes of
one or more publicly supporte						
the box on lines 12a through 1	2d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
a Type I. A supporting organ						
the supported organization					he directors or trust	ees of the
supporting organization. Y	-	•				( )
<b>b</b> Type II. A supporting orga control or management of						
organization(s). <b>You must</b>				persons	that control of man	age the supported
c Type III functionally integ	-	•		onnection	n with, and functions	ally integrated with,
its supported organization						,
d   Type III non-functionally						
that is not functionally inte						d an attentiveness
requirement (see instruction	,	•		-		
e	nization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
functionally integrated, or <b>f</b> Enter the number of supported		tionally integrated sup	oporting (	organizati	ion.	
<ul><li>f Enter the number of supported</li><li>g Provide the following information</li></ul>	•	orted organization(s)				•
(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
()	''	(described on lines 1–10	listed in you	ur governing ment?	support (see	other support (see
		above (see instructions))	docui	nent:	instructions)	instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					I	í .

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 13,702 11,869 10,409 5,763 12,385 54,128 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 **Total.** Add lines 1 through 3 4 13,702 11,869 10,409 5,763 12,385 54,128 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . **Public support.** Subtract line 5 from line 4 54,128 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 . . . . . . 13,702 11,869 10,409 5,763 12,385 54,128 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 0 0 0 0 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 54,128 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 19.367 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . 100 % 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

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Schedule A (Form 990) 2022 Page **3** 

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		ı	I	ı		
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
0 1:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (f)		45	0/
15 16	Public support percentage for 2022 (line a Public support percentage from 2021 Scl		-				<u>%</u> %
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2022 (			ov line 13 colu	ımn (f\)	17	%
18	Investment income percentage for 2022 (			-			
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2022. If the organ						
·Ju	17 is not more than 331/3%, check this box						
b	331/3% support tests—2021. If the organiz	_	-	-		=	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990) 2022 Page 4

#### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage <b>C</b>
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ <del>_</del> _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . **e** From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

20**22** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

UPPER FELLS POINT IMPROVEMENT ASSOCIATION INC

Employer identification number 52-1945861

Form 990-EZ, Part I, Line 15 - Part I, Line 15 - Printing, publications, postage & shipping: Program Service: \$3,075

Form 990-EZ, Part I, Line 16 - Part I, Line 16 - Other Expenses: Other Program Services: \$9,216; Insurance: \$1,406; Management \$146

Form 990-EZ, Part III, Line (28-31) - Part III, Line 28 - Media/Communications- Newsletter: Our newsletter is delivered to each residence and business in our entire neighborhood, regardless of membership, to communicate info. regarding the Assoc., neighborhood issues, the neighborhood public school, businesses, social activities, voter registration and elections, & government taxes, regulations & resources. We provide contact info. for all assoc. officers & committees, City council members, & state general assembly members. Detailed trash & recycling info., incl. items allowed, containers & storage, pickup or drop-off times & locations, is included in every issue. In 2022, we promoted local businesses and featured those that help fund our newsletter; 80% of our newsletter printing costs were funded by local business ads in 2022. We also provided a Spanish translation of the newsletter. We promoted activities that were held in person or virtually, including the New Year's Day Resolution Race for Earl's Place, a men's shelter; our neighborhood theatre; Black History month; local artists; traffic calming measures to ensure safe walking, biking, etc.; the Fell's Point farmers' market and Baltimore farmers' market; Earth Day plant swap; the Creative Alliance's Great Halloween Lantern Parade & Day of the Dead parade in Oct.; and Cranksgiving, a scavenger hunt/food drive for Moveable Feast, a local food bank in Nov. We held several social events incl. a National Night Out event in Aug. to promote police-community partnerships and neighborhood camaraderie; garden open houses for neighbors to visit our community garden; a Honey Happy Hour with a local beekeeper; a Billie Holiday progressive dinner; an Oktoberfest; a holiday event in Dec.. We beautified the neighborhood by holding monthly cleanups to pick up trash, leaves, etc.; provided 4 dumpsters for community to dispose of bulk trash. In addition to the newsletter, our website, (www.upperfellspoint.org) enhances communications with our neighbors and fully discloses our regulations and financials. Committees have news/events pages, and all newsletters are viewable. An electronic newsletter (e-blast) is provided monthly. UFPIA also posts on Facebook, Twitter, a Google calendar for area residents, and a Nextdoor site. Our PayPal and Stripe accounts accept payments online for membership dues, donations, fund-raisers and events, as well as payments for newsletter ads and garden dues. An average of 1,200 four-page printed newsletters were composed by 1 member, printed by locally & distributed 11 months by an average of 19 volunteers, requiring a total of over 300 volunteer hours in 2022. Two members contributed an additional 24 volunteer hours to electronic media efforts in 2022. Part III, Line 29 - Community Garden: The Assoc. has maintained 3 vacant lots at 1825-27-29 E Pratt St. (4,600 sq ft) as a community garden since 1987. Our garden has 16 plots for 22 gardeners with a City water line and a green space used for community events. Free compost is provided for the gardeners. The garden property is protected as a permanent green space by the Baltimore Green Space Land Trust and was purchased from the City with funds provided by our Assoc.. Our Assoc. is a Baltimore Green Space partner organization and our Garden Comm. co-chair is the Baltimore Green Space Site Manager for this property. In addition to maintaining their individual garden plots, all gardeners spend a total of 32 hours/month from April - Nov. to maintain the overall garden space by watering and weeding, cutting the grass, taking out the trash, etc. Also, 16 gardeners spent over 155 hrs. building a new shed. Over 50 neighbors and gardeners attended a Honey Happy Hour at our garden for National Honey Bee Day in Aug. which included a local beekeeper presentation. In addition, our website has info about pollinators and the best plants to provide food and habitat for them (provided by Bee Informed Baltimore, Sierra Club and Baltimore Bee-Friendly Apiary). The gardeners held an Oktoberfest in the garden in Oct.. There were also several garden open house days for residents to stop by for a visit. In 2022, 24 gardeners & Assoc. members contributed 1.149 volunteer hours to the garden. Part III, Line 30 - Beautification: Conducted several community cleanups including Mayor's Spring and Fall Clean ups in 2022. Volunteers picked up litter, weeds, and swept gutters/sidewalks. For both Mayor clean-ups, the City's Department of Public Works collected debris; and community members paid for private hauling on others. Beautification arranged with the City's Dept. of Public Works to deliver/collect a community dumpster in the neighborhood 4 times in 2021. Dumpsters allow community residents to discard larger items not collected with regular household trash collection. Illegally dumped items were also cleared from the neighborhood. Metal was separated and recycled. Volunteers canvassed neighborhood on recycling day and reached out to residents to inform them about the initiative to encourage better recycling practices. There are 428 street tree beds within the community. Part III, Line 31 - Other Program Services- Traffic and Parking: The primary goal for the Traffic and Parking comm. is to look at ways to make the streets of the community safer for all, pedestrians, bicyclists, scooter riders and people in cars. The committee wrote a grant that was awarded/funded by the Johns Hopkins Neighborhood Grant Program to install some traffic calming measures and street art with Art in the Right of Way (ROW) at the community intersections. The committee spent 42 hours on the Art in the ROW project which will be installed in 2023. Committee members spent 37 hours working with Baltimore City DOT planners on a future Bikeway effort which incl. traffic calming measures on a one-way street in the neighborhood running parallel to the Bikeway. The comm. Worked with the Garden comm. to host the annual Oktoberfest fundraiser to raise funds for the Art in the ROW project. Youth and Education Committee: The Educ. Comm. organizes and sponsors events for children in our community, often in partnership with Wolfe Street Academy (WSA), a community charter school in Upper Fells Point Land Use: Activities included: Monitored zoning appeals, liquor board proceedings that may directly impact the Assoc. Consulted with the Commission on Historical and Architectural Preservation on the process for and implications of pursuing an historic

Schedule O (Form 990EZ) 2022 Page 2

### **Supplemental Information (Continued)**

district designation. Consulted with the City's Department of Planning on land use guidelines. Led brainstorming sessions on land use guidelines to support a re-write of our guidelines. Consulted with the Neighborhood Design Center on preparation of a community master
plan. Safety: The Safety Comm. held evening walks with law enforcement. The Committee continued coordination of the Block Liaison
Program which creates an info. network between the comm., a point of contact for each block, & the residents. Organized a National Night
Out event in Aug., which included a raffle, and meet & greets with members of the fire department and City officials. We continue to advocate for cafe lighting along sidewalks.

Schedule O, Statement 1

#### **UPPER FELLS POINT IMPROVEMENT ASSOCIATION INC**

Form: **Form 990-EZ (2022)** EIN: **52-1945861** 

Page: **2** 

Part III, Line 31

Description	Grants And Allocations	Includes Foreign	Program Service
		Grants	Expenses
Other Program Services (See Schedule O)	0		5,058
Total:		-	E 0E0

Total: 5,058